

|                      |                 |                                |           |                                |         |         |           |        |
|----------------------|-----------------|--------------------------------|-----------|--------------------------------|---------|---------|-----------|--------|
| IPDR6702             |                 | NORTH CAROLINA                 |           |                                |         | PAGE: 1 |           |        |
| RUN DATE: 03/22/2004 |                 | IPRS CHECKWRITE SUMMARY REPORT |           |                                |         |         |           |        |
|                      |                 | CHECKWRITE DATE: 03/25/2004    |           |                                |         |         |           |        |
|                      |                 | FINANCIAL PAYER: NCDMM         |           |                                |         |         |           |        |
|                      |                 |                                |           |                                |         |         | TOTAL     | TOTAL  |
| PROVIDER             |                 | HIGH DENIAL                    | NUMBER OF |                                | TNC     | TOTAL   | CLAIMS    | CLAIMS |
| NUMBER               | PROVIDER NAME   | EOBS                           | DENIALS   | DESCRIPTION                    | DENIALS | DENIALS | FINALIZED | PAID   |
| 3404901              | SMOKY MOUNTAINM | 8599                           | 345       | DETAIL NOT COVERED BY COMBINAT |         |         |           |        |
|                      | H/DD/SAS        |                                |           | ION OF RECIPIENT, PROVIDER AND |         |         |           |        |
|                      |                 |                                |           | BENEFIT PACKAGE.               |         |         |           |        |
|                      |                 | 8931                           | 212       | AMTNC INELIGIBLE TO RECEIVE SE | 329     | 914     | 7545      | 6631   |
|                      |                 |                                |           | RVICES IN IPRS.                |         |         |           |        |
|                      |                 | 8935                           | 98        | ASTNC INELIGIBLE TO RECEIVE SE |         |         |           |        |
|                      |                 |                                |           | RVICES IN IPRS.                |         |         |           |        |
| 3404902              | BLUE RIDGE COMM | 11                             | 340       | CLIENT NOT ELIGIBLE ON SERVICE |         |         |           |        |
|                      | UNITY           |                                |           | DATE                           |         |         |           |        |
|                      |                 | 8505                           | 66        | CLAIM DENIED DUE TO INSUFFICIE | 0       | 408     | 413       | 5      |
|                      |                 |                                |           | NT BUDGET                      |         |         |           |        |
|                      |                 | 21                             | 2         | DUPLICATE OF CLAIM-SYSTEM      |         |         |           |        |
| 3404904              | WESTERN HIGHLAN | 0                              | 0         | *** NO DATA TO REPORT ***      |         |         |           |        |
|                      | DS LME          |                                |           |                                |         |         |           |        |
|                      |                 | 0                              | 0         |                                | 0       | 0       | 0         | 0      |
| 3404905              | TREND COMM MENT | 11                             | 104       | CLIENT NOT ELIGIBLE ON SERVICE |         |         |           |        |
|                      | AL HLTH CTR     |                                |           | DATE                           |         |         |           |        |
|                      |                 | 8599                           | 37        | DETAIL NOT COVERED BY COMBINAT | 3       | 172     | 307       | 135    |
|                      |                 |                                |           | ION OF RECIPIENT, PROVIDER AND |         |         |           |        |
|                      |                 |                                |           | BENEFIT PACKAGE.               |         |         |           |        |
|                      |                 | 120                            | 22        | CLIENT ID NUMBER MISSING OR IN |         |         |           |        |
|                      |                 |                                |           | VALID. ENTER CID AND SUBMIT    |         |         |           |        |
|                      |                 |                                |           | AS A NEW CLAIM                 |         |         |           |        |
| 3404907              | RUTHERFORD-POLK | 21                             | 968       | DUPLICATE OF CLAIM-SYSTEM      |         |         |           |        |
|                      |                 | 8599                           | 905       | DETAIL NOT COVERED BY COMBINAT | 71      | 2019    | 2561      | 542    |
|                      |                 |                                |           | ION OF RECIPIENT, PROVIDER AND |         |         |           |        |
|                      |                 |                                |           | BENEFIT PACKAGE.               |         |         |           |        |
|                      |                 | 8931                           | 71        | AMTNC INELIGIBLE TO RECEIVE SE |         |         |           |        |
|                      |                 |                                |           | RVICES IN IPRS.                |         |         |           |        |
| 3404910              | PATHWAYS        | 8599                           | 469       | DETAIL NOT COVERED BY COMBINAT |         |         |           |        |
|                      |                 |                                |           | ION OF RECIPIENT, PROVIDER AND |         |         |           |        |
|                      |                 |                                |           | BENEFIT PACKAGE.               |         |         |           |        |
|                      |                 | 27                             | 330       | DIAGNOSIS CODE MISSING OR INVA | 255     | 1781    | 15007     | 13226  |
|                      |                 |                                |           | LID. VERIFY AND ENTER THE      |         |         |           |        |
|                      |                 |                                |           | CORRECT DIAGNOSIS CODE AND SUB |         |         |           |        |
|                      |                 | 537                            | 285       | PROCEDURE IS NOT COVERED FOR T |         |         |           |        |
|                      |                 |                                |           | HIS DATE OF SERVICE            |         |         |           |        |

| PROVIDER |                                     | HIGH DENIAL | NUMBER OF |  | TNC     | TOTAL   | TOTAL     | TOTAL |
|----------|-------------------------------------|-------------|-----------|--|---------|---------|-----------|-------|
| NUMBER   | PROVIDER NAME                       | EOBS        | DENIALS   | DESCRIPTION  | DENIALS | DENIALS | FINALIZED | PAID  |
| 3404912  | CATANBA COUNTY MENTAL HEALTH        | 8931        | 214       | AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.  |         |         |           |       |
|          |                                     | 11          | 97        | CLIENT NOT ELIGIBLE ON SERVICE DATE  | 266     | 425     | 671       | 246   |
|          |                                     | 8599        | 49        | DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.                |         |         |           |       |
| 3404913  | MECKLENBURG COUNTY MENTAL HEALTH    | 21          | 4005      | DUPLICATE OF CLAIM-SYSTEM  |         |         |           |       |
|          |                                     | 23          | 2557      | SERVICE REQUIRES PRIOR APPROVAL  | 123     | 10769   | 26776     | 16007 |
|          |                                     | 120         | 1645      | CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM                     |         |         |           |       |
| 3404916  | CROSSROADS BEHAVIORAL HEALTH        | 191         | 84        | CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME   |         |         |           |       |
|          |                                     | 21          | 69        | DUPLICATE OF CLAIM-SYSTEM  | 0       | 376     | 3069      | 2693  |
|          |                                     | 11          | 68        | CLIENT NOT ELIGIBLE ON SERVICE DATE  |         |         |           |       |
| 3404917  | CENTERPOINT HUMAN SERVICES          | 8505        | 958       | CLAIM DENIED DUE TO INSUFFICIENT BUDGET  |         |         |           |       |
|          |                                     | 8326        | 925       | ATTENDING PROVIDER NUMBER IS REQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A  | 115     | 2612    | 4238      | 1626  |
|          |                                     | 8599        | 251       | DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.                |         |         |           |       |
| 3404918  | ROCKINGHAM COUNTY MENTAL HEALTH     | 8599        | 190       | DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.                |         |         |           |       |
|          |                                     | 537         | 75        | PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE  | 68      | 460     | 5499      | 5039  |
|          |                                     | 5404        | 42        | SEVERE DUPLICATE: SAME ATTENDING PROVIDER/PCODE/TOS/DOS/MOD                                  |         |         |           |       |
| 3404919  | GUILFORD COUNTY MENTAL HEALTH       | 8505        | 6251      | CLAIM DENIED DUE TO INSUFFICIENT BUDGET  |         |         |           |       |
|          |                                     | 8800        | 481       | FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.                         | 146     | 7509    | 9616      | 2106  |
|          |                                     | 8599        | 253       | DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.                |         |         |           |       |
| 3404920  | ALAMANCE CASWELL AREA MENTAL HEALTH | 8505        | 276       | CLAIM DENIED DUE TO INSUFFICIENT BUDGET  |         |         |           |       |
|          |                                     | 8599        | 265       | DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.                | 211     | 1354    | 3300      | 1946  |
|          |                                     | 24          | 202       | PROCEDURE CODE, PROCEDURE/MODIFIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATION |         |         |           |       |

| PROVIDER |                                | HIGH DENIAL | NUMBER OF |   | TNC     | TOTAL   | TOTAL     | TOTAL |
|----------|--------------------------------|-------------|-----------|---|---------|---------|-----------|-------|
| NUMBER   | PROVIDER NAME                  | EOBS        | DENIALS   | DESCRIPTION   | DENIALS | DENIALS | FINALIZED | PAID  |
| 3404921  | ORANGE PERSON C<br>HATHAM AREA | 5312        | 3348      | PRIOR AUTHORIZED DOLLARS EXCEE<br>DED   |         |         |           |       |
|          |                                | 167         | 1903      | NO CHARGE BILLED. ENTER BILLED<br>AMOUNT AND SUBMIT DETAIL AS<br>A NEW CLAIM                  | 420     | 10898   | 13945     | 3047  |
|          |                                | 8505        | 1475      | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   |         |         |           |       |
| 3404922  | THE DURHAM CENT<br>ER          | 21          | 261       | DUPLICATE OF CLAIM-SYSTEM   |         |         |           |       |
|          |                                | 0           | 0         |   | 0       | 261     | 386       | 125   |
| 3404923  | VOFW AREA AUTHO<br>RITY        | 8505        | 498       | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   |         |         |           |       |
|          |                                | 11          | 90        | CLIENT NOT ELIGIBLE ON SERVICE<br>DATE  | 46      | 779     | 2280      | 1501  |
|          |                                | 8599        | 68        | DETAIL NOT COVERED BY COMBINAT<br>ION OF RECIPIENT, PROVIDER AND<br>BENEFIT PACKAGE.          |         |         |           |       |
| 3404924  | PIEDMONT AREA M<br>H/DD/SAS    | 0           | 0         | *** NO DATA TO REPORT ***   |         |         |           |       |
|          |                                | 0           | 0         |   | 0       | 0       | 0         | 0     |
| 3404925  | SANDHILLS CENTE<br>R FOR MH/DD | 8505        | 3018      | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   |         |         |           |       |
|          |                                | 8599        | 106       | DETAIL NOT COVERED BY COMBINAT<br>ION OF RECIPIENT, PROVIDER AND<br>BENEFIT PACKAGE.          | 49      | 3494    | 5555      | 2061  |
|          |                                | 8800        | 100       | FURTHER PROCESSING NECESSARY,<br>PLEASE CHECK FOR CLAIM ON<br>FUTURE RA'S.                    |         |         |           |       |
| 3404926  | SOUTHEASTERN RE<br>G MENTAL HL | 8599        | 2142      | DETAIL NOT COVERED BY COMBINAT<br>ION OF RECIPIENT, PROVIDER AND<br>BENEFIT PACKAGE.          |         |         |           |       |
|          |                                | 8505        | 1477      | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   | 3137    | 10189   | 14125     | 3935  |
|          |                                | 8931        | 1356      | AMTNC INELIGIBLE TO RECEIVE SE<br>RVICES IN IPRS.   |         |         |           |       |
| 3404927  | CUMBERLAND CO M<br>HC          | 8505        | 596       | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   |         |         |           |       |
|          |                                | 8599        | 104       | DETAIL NOT COVERED BY COMBINAT<br>ION OF RECIPIENT, PROVIDER AND<br>BENEFIT PACKAGE.          | 0       | 826     | 3206      | 2380  |
|          |                                | 10          | 46        | DIAGNOSIS OR SERVICE INVALID F<br>OR CLIENT AGE. VERIFY CID,<br>DIAGNOSIS, PROCEDURE CODE FOR |         |         |           |       |

| PROVIDER |                                 | HIGH DENIAL | NUMBER OF |   | TNC     | TOTAL   | TOTAL     | TOTAL |
|----------|---------------------------------|-------------|-----------|---|---------|---------|-----------|-------|
| NUMBER   | PROVIDER NAME                   | EOBS        | DENIALS   | DESCRIPTION   | DENIALS | DENIALS | FINALIZED | PAID  |
| 3404929  | LEE HARNETT MH/<br>DD/SAS       | 8505        | 272       | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   |         |         |           |       |
|          |                                 | 11          | 143       | CLIENT NOT ELIGIBLE ON SERVICE<br>DATE  | 1       | 597     | 1414      | 817   |
|          |                                 | 8599        | 80        | DETAIL NOT COVERED BY COMBINAT<br>ION OF RECIPIENT, PROVIDER AND<br>BENEFIT PACKAGE.              |         |         |           |       |
| 3404930  | JOHNSTON COUNTY<br>MNTL HLTHC   | 24          | 3         | PROCEDURE CODE, PROCEDURE/MODI<br>FIER COMBINATION OR PROCEDURE<br>CODE/TYPE OF SERVICE COMBINATI |         |         |           |       |
|          |                                 | 8505        | 1         | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   | 0       | 4       | 13        | 1     |
| 3404931  | WAKE CO HUM SVC<br>BILLING OF   | 8505        | 164       | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   |         |         |           |       |
|          |                                 | 8800        | 4         | FURTHER PROCESSING NECESSARY,<br>PLEASE CHECK FOR CLAIM ON<br>FUTURE RA'S.                        | 0       | 168     | 168       | 0     |
| 3404932  | RANDOLPH/SANDHI<br>LLS CO MH C  | 8505        | 609       | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   |         |         |           |       |
|          |                                 | 11          | 65        | CLIENT NOT ELIGIBLE ON SERVICE<br>DATE  | 28      | 887     | 1762      | 875   |
|          |                                 | 8800        | 50        | FURTHER PROCESSING NECESSARY,<br>PLEASE CHECK FOR CLAIM ON<br>FUTURE RA'S.                        |         |         |           |       |
| 3404933  | SOUTHEASTERN CT<br>R FOR MH/DD  | 8505        | 1335      | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   |         |         |           |       |
|          |                                 | 8800        | 92        | FURTHER PROCESSING NECESSARY,<br>PLEASE CHECK FOR CLAIM ON<br>FUTURE RA'S.                        | 38      | 1659    | 2433      | 774   |
|          |                                 | 8621        | 76        | 60 RESIDENTIAL LEVEL III TREAT<br>MENT RECEIVED, PA IS REQUIRED<br>FOR ADDITIONAL SERVICE.        |         |         |           |       |
| 3404934  | ONSLow COUNTY B<br>EHA'V'ORAL H | 8599        | 270       | DETAIL NOT COVERED BY COMBINAT<br>ION OF RECIPIENT, PROVIDER AND<br>BENEFIT PACKAGE.              |         |         |           |       |
|          |                                 | 11          | 104       | CLIENT NOT ELIGIBLE ON SERVICE<br>DATE  | 15      | 650     | 2257      | 1584  |
|          |                                 | 24          | 85        | PROCEDURE CODE, PROCEDURE/MODI<br>FIER COMBINATION OR PROCEDURE<br>CODE/TYPE OF SERVICE COMBINATI |         |         |           |       |
| 3404935  | WAYNE CO MENTAL<br>HEALTH CTR   | 0           | 0         | *** NO DATA TO REPORT ***   |         |         |           |       |
|          |                                 | 0           | 0         |   | 0       | 0       | 0         | 0     |
| 3404936  | WILSON-GREENE M<br>ENTAL HEALT  | 21          | 488       | DUPLICATE OF CLAIM-SYSTEM   |         |         |           |       |
|          |                                 | 8931        | 50        | AMTNC INELIGIBLE TO RECEIVE SE<br>RVICES IN IPRS.   | 80      | 598     | 3473      | 2875  |
|          |                                 | 8936        | 13        | CSTNC INELIGIBLE TO RECEIVE SE<br>RVICES IN IPRS.   |         |         |           |       |

| PROVIDER |                                | HIGH DENIAL | NUMBER OF |   | TNC     | TOTAL   | TOTAL     | TOTAL |
|----------|--------------------------------|-------------|-----------|---|---------|---------|-----------|-------|
| NUMBER   | PROVIDER NAME                  | EOBS        | DENIALS   | DESCRIPTION   | DENIALS | DENIALS | FINALIZED | PAID  |
| 3404937  | EDGEcombe NASH<br>MNTL HLTH C  | 21          | 705       | DUPLICATE OF CLAIM-SYSTEM   |         |         |           |       |
|          |                                | 8599        | 335       | DETAIL NOT COVERED BY COMBINAT<br>ION OF RECIPIENT, PROVIDER AND<br>BENEFIT PACKAGE.              | 83      | 1280    | 5760      | 4480  |
|          |                                | 8505        | 58        | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   |         |         |           |       |
| 3404938  | RIVERSTONE MENT<br>AL HEALTH C | 8599        | 333       | DETAIL NOT COVERED BY COMBINAT<br>ION OF RECIPIENT, PROVIDER AND<br>BENEFIT PACKAGE.              |         |         |           |       |
|          |                                | 8000        | 122       | NO RATE AVAILABLE ON FILE TO P<br>RICE THIS CLAIM DETAIL  | 109     | 806     | 3405      | 2599  |
|          |                                | 120         | 121       | CLIENT ID NUMBER MISSING OR IN<br>VALID. ENTER CID AND SUBMIT<br>AS A NEW CLAIM                   |         |         |           |       |
| 3404939  | NEUSE MENTAL HE<br>ALTH CENTER | 24          | 318       | PROCEDURE CODE, PROCEDURE/MODI<br>FIER COMBINATION OR PROCEDURE<br>CODE/TYPE OF SERVICE COMBINATI |         |         |           |       |
|          |                                | 11          | 79        | CLIENT NOT ELIGIBLE ON SERVICE<br>DATE  | 0       | 451     | 682       | 231   |
|          |                                | 8505        | 32        | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   |         |         |           |       |
| 3404941  | PITT CO MH/DD/S<br>AS CENTER   | 8599        | 222       | DETAIL NOT COVERED BY COMBINAT<br>ION OF RECIPIENT, PROVIDER AND<br>BENEFIT PACKAGE.              |         |         |           |       |
|          |                                | 120         | 138       | CLIENT ID NUMBER MISSING OR IN<br>VALID. ENTER CID AND SUBMIT<br>AS A NEW CLAIM                   | 72      | 743     | 3193      | 2450  |
|          |                                | 8000        | 128       | NO RATE AVAILABLE ON FILE TO P<br>RICE THIS CLAIM DETAIL  |         |         |           |       |
| 3404942  | ROANoke CHOWANH<br>UMAN SERVIC | 8599        | 146       | DETAIL NOT COVERED BY COMBINAT<br>ION OF RECIPIENT, PROVIDER AND<br>BENEFIT PACKAGE.              |         |         |           |       |
|          |                                | 8505        | 120       | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   | 17      | 354     | 1691      | 1337  |
|          |                                | 143         | 21        | CLIENT ID NUMBER NOT ON STATE<br>ELIGIBILITY FILE   |         |         |           |       |
| 3404943  | ALBEMARLE MENTA<br>L HEALTH CE | 11          | 181       | CLIENT NOT ELIGIBLE ON SERVICE<br>DATE  |         |         |           |       |
|          |                                | 8505        | 157       | CLAIM DENIED DUE TO INSUFFICIE<br>NT BUDGET   | 50      | 750     | 2044      | 1192  |
|          |                                | 8800        | 157       | FURTHER PROCESSING NECESSARY,<br>PLEASE CHECK FOR CLAIM ON<br>FUTURE RA'S.                        |         |         |           |       |

| PROVIDER |                              | HIGH DENIAL | NUMBER OF |   | TNC     | TOTAL   | TOTAL     | TOTAL |
|----------|------------------------------|-------------|-----------|---|---------|---------|-----------|-------|
| NUMBER   | PROVIDER NAME                | EOBS        | DENIALS   | DESCRIPTION   | DENIALS | DENIALS | FINALIZED | PAID  |
| 3404944  | EASTPOINTE HUMAN SERVICES    | 21          | 907       | DUPLICATE OF CLAIM-SYSTEM   |         |         |           |       |
|          |                              | 8599        | 290       | DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | 182     | 1666    | 4937      | 3268  |
|          |                              | 8505        | 181       | CLAIM DENIED DUE TO INSUFFICIENT BUDGET                                       |         |         |           |       |
| 3404946  | FOOTHILLS AREA MENTAL HEALTH | 21          | 1651      | DUPLICATE OF CLAIM-SYSTEM   |         |         |           |       |
|          |                              | 11          | 719       | CLIENT NOT ELIGIBLE ON SERVICE DATE   | 0       | 2370    | 2665      | 295   |
| 3404957  | TIDELAND MENTAL HEALTH CTR   | 8505        | 1227      | CLAIM DENIED DUE TO INSUFFICIENT BUDGET                                       |         |         |           |       |
|          |                              | 8599        | 35        | DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | 59      | 1329    | 1954      | 625   |
|          |                              | 8931        | 24        | AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.                                 |         |         |           |       |
| 3404959  | DAVIDSON CO MENTAL HLTH CT   | 0           | 0         | *** NO DATA TO REPORT ***   |         |         |           |       |
|          |                              | 0           | 0         |   | 0       | 0       | 0         | 0     |
| 3404979  | NEW RIVER AREA MHD/DD/SA PRO | 8505        | 353       | CLAIM DENIED DUE TO INSUFFICIENT BUDGET                                       |         |         |           |       |
|          |                              | 8800        | 300       | FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.          | 217     | 1459    | 3773      | 2314  |
|          |                              | 8599        | 246       | DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. |         |         |           |       |